

Fill in this information to identify your case:

United States Bankruptcy Court for the:

EASTERN DISTRICT OF VIRGINIA

Case number (if known) Chapter 7

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name	Cellcon Group Inc	
2. All other names debtor used in the last 8 years Include any assumed names, trade names and doing business as names	FKA Budget Lawn Care, Inc.	
3. Debtor's federal Employer Identification Number (EIN)	52-2139450	
4. Debtor's address	Principal place of business 8401 Patterson Avenue Suite 205 Henrico, VA 23229-6430 Number, Street, City, State & ZIP Code Henrico County	Mailing address, if different from principal place of business P.O. Box, Number, Street, City, State & ZIP Code Location of principal assets, if different from principal place of business EZ Storage 2326 Commerce Center Drive Rockville, VA 23146 Number, Street, City, State & ZIP Code
5. Debtor's website (URL)		
6. Type of debtor	<input checked="" type="checkbox"/> Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) <input type="checkbox"/> Partnership (excluding LLP) <input type="checkbox"/> Other. Specify:	

Debtor **Cellcon Group Inc**
Name

Case number (if known)

7. Describe debtor's business**A. Check one:**

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8. Under which chapter of the Bankruptcy Code is the debtor filing?**Check one:**

- ☒ Chapter 7
- ☐ Chapter 9
- ☐ Chapter 11. **Check all that apply:**

- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

- ☒ No.
- ☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

- ☐ No
- ☒ Yes.

List all cases. If more than 1, attach a separate list

Debtor	Stephen Meier	Relationship	20% member
District	EDVA Richmond	When	7/05/17
		Case number, if known	17-33403-KRH

Debtor **Cellcon Group Inc**
Name

Case number (if known)

11. Why is the case filed in this district?

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

☒ No

☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard?

☐ It needs to be physically secured or protected from the weather.

☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

☐ Other

Where is the property?

Number, Street, City, State & ZIP Code

Is the property insured?

☐ No

☐ Yes. Insurance agency

Contact name

Phone

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

☐ Funds will be available for distribution to unsecured creditors.

☒ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

☒ 1-49

☐ 50-99

☐ 100-199

☐ 200-999

☐ 1,000-5,000

☐ 5001-10,000

☐ 10,001-25,000

☐ 25,001-50,000

☐ 50,001-100,000

☐ More than 100,000

15. Estimated Assets

☐ \$0 - \$50,000

☐ \$50,001 - \$100,000

☒ \$100,001 - \$500,000

☐ \$500,001 - \$1 million

☐ \$1,000,001 - \$10 million

☐ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

16. Estimated liabilities

☐ \$0 - \$50,000

☐ \$50,001 - \$100,000

☐ \$100,001 - \$500,000

☒ \$500,001 - \$1 million

☐ \$1,000,001 - \$10 million

☐ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

Debtor **Cellcon Group Inc**
Name

Case number (if known)

Request for Relief, Declaration, and Signatures**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **September 21, 2017**
MM / DD / YYYY**X /s/ Kevin Bradley Meier**
Signature of authorized representative of debtor**Kevin Bradley Meier**
Printed nameTitle **member****18. Signature of attorney****X /s/ Jeanne E. Hovenden, Esq. VSB #**
Signature of attorney for debtorDate **September 21, 2017**
MM / DD / YYYY**Jeanne E. Hovenden, Esq. VSB # 37249**
Printed name**Jeanne E. Hovenden, PLLC**
Firm name**9830 Lori Road
P.O. Box 1839
Chesterfield, VA 23832**

Number, Street, City, State & ZIP Code

Contact phone _____ Email address _____

37249
Bar number and State

Fill in this information to identify the case:

Debtor name Cellcon Group Inc

United States Bankruptcy Court for the: EASTERN DISTRICT OF VIRGINIA

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

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An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☒ Other document that requires a declaration **Schedule I (206I) and Schedule J (206J)**

I declare under penalty of perjury that the foregoing is true and correct.

Executed on September 21, 2017

X /s/ Kevin Bradley Meier

Signature of individual signing on behalf of debtor

Kevin Bradley Meier

Printed name

member

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **Cellcon Group Inc**

United States Bankruptcy Court for the: **EASTERN DISTRICT OF VIRGINIA**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. Real property: Copy line 88 from <i>Schedule A/B</i>	\$ 0.00
1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>	\$ 352,180.00
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$ 352,180.00

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$ 414,387.60
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	\$ 777.00
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$ 374,506.72
4. Total liabilities Lines 2 + 3a + 3b	\$ 789,671.32

Fill in this information to identify the case:

Debtor name Cellcon Group Inc

United States Bankruptcy Court for the: EASTERN DISTRICT OF VIRGINIA

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

- ☐ No. Go to Part 2.
- ☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

3. **Checking, savings, money market, or financial brokerage accounts** (*Identify all*)

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1.	Bank of America account ending in 6622 - overdrawn at filing	Business Checking	6622	\$0.00
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3.2.	Bank of America account ending in 6635 - zero at filing	Business Checking	6635	\$0.00
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3.3.	Bank of America account ending in 6648 - used for payroll - zero at filing	Business Checking	6648	\$0.00
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4. **Other cash equivalents** (*Identify all*)

5. **Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$0.00

Part 2: Deposits and Prepayments

6. Does the debtor have any deposits or prepayments?

- ☒ No. Go to Part 3.
- ☐ Yes Fill in the information below.

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

Debtor Cellcon Group Inc Case number (If known) _____
Name

- ☒ No. Go to Part 4.
☐ Yes Fill in the information below.

Part 4: Investments

13. Does the debtor own any investments?

- ☒ No. Go to Part 5.
☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☒ No. Go to Part 6.
☐ Yes Fill in the information below.

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture file cabinets, desks, table	\$120.00	Tax records	\$10.00
40.	Office fixtures			
41.	Office equipment, including all computer equipment and communication systems equipment and software see list attached - some computers used in trucks in the field, others in office - age makes them valueless	Unknown	Tax records	Unknown

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**
Add lines 39 through 42. Copy the total to line 86.

\$10.00

44. **Is a depreciation schedule available for any of the property listed in Part 7?**
☐ No
☒ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**
☒ No

Debtor Cellcon Group Inc
Name

Case number (If known) _____

☐ Yes**Part 8: Machinery, equipment, and vehicles****46. Does the debtor own or lease any machinery, equipment, or vehicles?**☐ No. Go to Part 9.☒ Yes Fill in the information below.

	General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles				
47.1.	<u>2016 Ford F150 1FTMF1EF8GKD96793</u>	<u>\$0.00</u>	<u>N/A</u>	<u>\$22,459.00</u>
47.2.	<u>2016 Ford F150 1FTMF1EF3GKE29232</u>	<u>\$0.00</u>	<u>N/A</u>	<u>\$22,459.00</u>
47.3.	<u>2016 Ford F150 VIN =1FTMF1EF6GKE09850</u>	<u>\$0.00</u>	<u>N/A</u>	<u>\$22,549.00</u>
47.4.	<u>2016 Ford F150 VIN= 1FTMF1EF5GKF16033</u>	<u>\$0.00</u>	<u>N/A</u>	<u>\$22,631.00</u>
47.5.	<u>2016 FORD 1FD7X2B66GEB27190</u>	<u>\$0.00</u>	<u>N/A</u>	<u>\$21,210.00</u>
47.6.	<u>2016 FORD 1FDBF2B66GEC18439</u>	<u>\$0.00</u>	<u>N/A</u>	<u>\$19,880.00</u>
47.7.	<u>2015 FORD 1FTBF2B6XFEB15687</u>	<u>\$0.00</u>	<u>N/A</u>	<u>\$23,427.00</u>
47.8.	<u>2015 FORD 1FTBF2B60FEB76028</u>	<u>\$0.00</u>	<u>N/A</u>	<u>\$23,437.00</u>
47.9.	<u>2015 FORD 1FT8W3BT0FEC76636</u>	<u>\$0.00</u>	<u>Expert</u>	<u>\$35,315.00</u>
47.10	<u>2008 FORD F350 1FTWW31R88EB18920</u>	<u>\$0.00</u>		<u>\$0.00</u>
47.11	<u>2006 FORD F250 1FTSF21PX6EA10853 WRECKED</u>	<u>Unknown</u>		<u>Unknown</u>
47.12	<u>2006 FORD F250 1FTSF21P56EB98391 Wrecked</u>	<u>Unknown</u>		<u>Unknown</u>
47.13	<u>2013 Ford F150 VIN 1FTNF1CF2DKF76547</u>	<u>\$0.00</u>		<u>\$9,523.00</u>
47.14	<u>2015 Ford F150 VIN 1FDBF2B63FEA29116</u>	<u>\$0.00</u>		<u>\$19,360.00</u>

Debtor Cellcon Group Inc Case number (If known) _____
Name

47.15 **2015 Ford F250 VIN**
1FTBF2B66FEA37523 **\$0.00** **\$24,672.00**

47.16 **2015 Ford F250 VIN**
1FTBF2B62FEC86983 **\$0.00** **\$24,672.00**

48. **Watercraft, trailers, motors, and related accessories** Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

48.1. **2003 HURST trailer vin**
1H9T3162431057330 **Unknown** **Unknown**

48.2. **2008 PROHAUL MACHINE TRAILER VIN**
199BL16288F563228 (small machine trailer) **Unknown** **Unknown**

48.3. **2005 BRIN DUMP TRAILER**
VIN43YDC12275C039362 **\$576.00** **Tax records** **\$576.00**

48.4. **2008 HOLMES TRAILER VIN**
5LV8V10128A016476 **Unknown** **Tax records** **Unknown**

49. **Aircraft and accessories**

50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**
Terex PT 60 Heavy Duty Brush Cutter/Skid Steer 60 HP

\$11,325.00 **Expert** **\$20,000.00**

See attached list chainsaws, brush cutting equipment, misc landscaping equipment (leaf blowers, chainsaws, water transport tanks, sprayers)

Unknown **Tax records** **Unknown**

Skid Steer 75 HP with High flow capacity **\$7,762.00** **Expert** **\$40,000.00**

GPS tracking units for each truck - leased from Fleetmatics and Verizon NetworkFleet **Unknown** **N/A** **Unknown**

51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$352,170.00

52. **Is a depreciation schedule available for any of the property listed in Part 8?**

☐ No
☒ Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

☒ No
☐ Yes

Debtor Cellcon Group Inc Case number (If known) _____
Name

Part 9: Real property

54. Does the debtor own or lease any real property?

- ☐ No. Go to Part 10.
☐ Yes Fill in the information below.

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☐ No. Go to Part 11.
☐ Yes Fill in the information below.

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.
☐ Yes Fill in the information below.

Debtor Cellcon Group Inc Case number (If known) _____
Name

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	<u>\$0.00</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$0.00</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$0.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$10.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$352,170.00</u>	
88. Real property. <i>Copy line 56, Part 9.....></i>		<u>\$0.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ <u>\$0.00</u>	
91. Total. Add lines 80 through 90 for each column	<u>\$352,180.00</u>	+ 91b. <u>\$0.00</u>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<u>\$352,180.00</u>

Fill in this information to identify the case:

Debtor name Cellcon Group Inc

United States Bankruptcy Court for the: EASTERN DISTRICT OF VIRGINIA

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	Fleetmatics <small>Creditor's Name</small> 1100 Winter Street Waltham, MA 02451 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien GPS tracking units for each truck - leased from Fleetmatics and Verizon NetworkFleet Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	Unknown

2.2	Ford Motor Credit - Bankruptc <small>Creditor's Name</small> P O Box 6275 Dearborn, MI 48121 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred 2/17/17 Last 4 digits of account number Do multiple creditors have an interest in the same property?	Describe debtor's property that is subject to a lien 2016 Ford F150 1FTMF1EF8GKD96793 Describe the lien Purchase Money Security Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply	\$35,780.00	\$22,459.00
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Debtor **Cellcon Group Inc** Case number (if know) _____
Name

- ☒ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.
- ☐ Contingent
☐ Unliquidated
☐ Disputed

2.3	Ford Motor Credit - Bankruptc Creditor's Name P O Box 6275 Dearborn, MI 48121 Creditor's mailing address Creditor's email address, if known Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien 2016 Ford F150 1FTMF1EF3GKE29232 Describe the lien Purchase Money Security Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$34,906.00	\$22,459.00
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2.4	Ford Motor Credit - Bankruptc Creditor's Name P O Box 6275 Dearborn, MI 48121 Creditor's mailing address Creditor's email address, if known Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien 2016 Ford F150 VIN =1FTMF1EF6GKE09850 Describe the lien Purchase Money Security Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$35,780.00	\$22,549.00
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2.5	Ford Motor Credit - Bankruptc Creditor's Name P O Box 6275 Dearborn, MI 48121 Creditor's mailing address	Describe debtor's property that is subject to a lien 2016 Ford F150 VIN= 1FTMF1EF5GKF16033 Describe the lien Purchase Money Security	\$35,015.00	\$22,631.00
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Debtor **Cellcon Group Inc** Case number (if know) _____
Name

Creditor's email address, if known _____

Date debt was incurred _____

Last 4 digits of account number _____

Do multiple creditors have an interest in the same property?
☒ No
☐ Yes. Specify each creditor, including this creditor and its relative priority. _____

Is the creditor an insider or related party?
☒ No
☐ Yes

Is anyone else liable on this claim?
☒ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:
 Check all that apply
☐ Contingent
☐ Unliquidated
☐ Disputed

2.6	Ford Motor Credit - Bankruptc Creditor's Name P O Box 6275 Dearborn, MI 48121 Creditor's mailing address _____ Creditor's email address, if known Date debt was incurred _____ Last 4 digits of account number _____ Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority. _____	Describe debtor's property that is subject to a lien 2016 FORD 1FD7X2B66GEB27190 _____ Describe the lien Purchase Money Security Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$38,975.00 _____	\$21,210.00 _____
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2.7	Ford Motor Credit - Bankruptc Creditor's Name P O Box 6275 Dearborn, MI 48121 Creditor's mailing address _____ Creditor's email address, if known Date debt was incurred _____ Last 4 digits of account number _____ Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority. _____	Describe debtor's property that is subject to a lien 2016 FORD 1FDBF2B66GEC18439 _____ Describe the lien Purchase Money Security Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$36,761.00 _____	\$19,880.00 _____
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Case number (if know)

2.1 0	Ford Motor Credit - Bankruptc Creditor's Name P O Box 6275 Dearborn, MI 48121 Creditor's mailing address Creditor's email address, if known Date debt was incurred	Describe debtor's property that is subject to a lien 2015 FORD 1FT8W3BT0FEC76636 Describe the lien Purchase Money Security Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No	\$33,903.00	\$35,315.00
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Debtor **Cellcon Group Inc** Case number (if know) _____
Name

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply
☐ Contingent
☐ Unliquidated
☐ Disputed

2.1
1 **Ford Motor Credit - Bankruptc**

Creditor's Name

**P O Box 6275
Dearborn, MI 48121**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

2008 FORD 1FTWW31R88EB18920

\$0.00

\$0.00

Describe the lien

Is the creditor an insider or related party?

☒ No
☐ Yes

Is anyone else liable on this claim?

☒ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply
☐ Contingent
☐ Unliquidated
☐ Disputed

2.1
2 **Ford Motor Credit - Bankruptc**

Creditor's Name

**P O Box 6275
Dearborn, MI 48121**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

2006 FORD 1FTSF21P56EB98391

\$0.00

\$0.00

Describe the lien

Is the creditor an insider or related party?

☒ No
☐ Yes

Is anyone else liable on this claim?

☒ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply
☐ Contingent
☐ Unliquidated
☐ Disputed

2.1
3 **Ford Motor Credit - Bankruptc**

Describe debtor's property that is subject to a lien

\$0.00

\$0.00

Debtor **Cellcon Group Inc** Case number (if know) _____
Name

Creditor's Name

2008 FORD F350 1FTWW31R88EB18920

**P O Box 6275
Dearborn, MI 48121**

Creditor's mailing address

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.1
4

**Ford Motor Credit -
Bankruptc**

Creditor's Name

**P O Box 6275
Dearborn, MI 48121**

Creditor's mailing address

Describe debtor's property that is subject to a lien

**2006 FORD F250 1FTSF21PX6EA10853
WRECKED**

\$0.00

Unknown

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.1
5

**Ford Motor Credit -
Bankruptc**

Creditor's Name

**P O Box 6275
Dearborn, MI 48121**

Creditor's mailing address

Describe debtor's property that is subject to a lien

**2006 FORD F250 1FTSF21P56EB98391
Wrecked**

\$0.00

Unknown

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Debtor **Cellcon Group Inc** Case number (if know) _____
Name

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

**2.1 Ford Motor Credit -
6 Bankruptc**

Creditor's Name

**P O Box 6275
Dearborn, MI 48121**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

2013 Ford F150 VIN 1FTNF1CF2DKF76547

\$10,733.00

\$9,523.00

Describe the lien

Purchase Money Security

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

**2.1 Ford Motor Credit -
7 Bankruptc**

Creditor's Name

**P O Box 6275
Dearborn, MI 48121**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

2016 Ford F150 VIN 1FDBF2B66GEC18439

\$36,761.00

\$19,880.00

Describe the lien

Purchase Money Security

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

**2.1 Ford Motor Credit -
8 Bankruptc**

Creditor's Name

**P O Box 6275
Dearborn, MI 48121**

Creditor's mailing address

Describe debtor's property that is subject to a lien

2015 Ford F150 VIN 1FDBF2B63FEA29116

\$19,159.00

\$19,360.00

Describe the lien

Debtor **Cellcon Group Inc**
Name

Case number (if know)

Purchase Money Security

Is the creditor an insider or related party?

- ☒ No
☐ Yes

Is anyone else liable on this claim?

- ☒ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

- ☒ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.

2.1
9 **Ford Motor Credit - Bankruptc**

Creditor's Name

**P O Box 6275
Dearborn, MI 48121**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

- ☒ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

2015 Ford F250 VIN 1FTBF2B66FEA37523

\$16,274.00

\$24,672.00

Describe the lien

Purchase Money Security

Is the creditor an insider or related party?

- ☒ No
☐ Yes

Is anyone else liable on this claim?

- ☒ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

2.2
0 **Ford Motor Credit - Bankruptc**

Creditor's Name

**P O Box 6275
Dearborn, MI 48121**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

Describe debtor's property that is subject to a lien

2015 Ford F250 VIN 1FTBF2B62FEC86983

\$28,818.00

\$24,672.00

Describe the lien

Purchase Money Security

Is the creditor an insider or related party?

- ☒ No
☐ Yes

Is anyone else liable on this claim?

- ☒ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

Debtor **Cellcon Group Inc** Case number (if know) _____
Name

- ☒ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.
- ☐ Contingent
☐ Unliquidated
☐ Disputed

2.2 1	Terrex Financial Services Creditor's Name 200 Nyala Farm Road Westport, CT 06880 Creditor's mailing address Creditor's email address, if known Date debt was incurred Last 4 digits of account number 5361 Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Terex PT 60 Heavy Duty Brush Cutter/Skid Steer 60 HP Describe the lien Purchase Money Security Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,610.60	\$20,000.00
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3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. **\$414,387.60**

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address Verizon Wireless NetworkFleet (p) Bankruptcy Administration 500 Technology Drive Suite 550 St Charles, MO 63304-2225	On which line in Part 1 did you enter the related creditor? Line 2.1	Last 4 digits of account number for this entity
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Fill in this information to identify the case:

Debtor name **Cellcon Group Inc**

United States Bankruptcy Court for the: **EASTERN DISTRICT OF VIRGINIA**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address Comptroller of MD Revenue Admin Div P O Box 2601 Annapolis, MD 21404-2601	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$13.00	\$13.00
	Date or dates debt was incurred 2016	Basis for the claim: taxes - business		
	Last 4 digits of account number 9450 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.2	Priority creditor's name and mailing address Delaware Division of Revenue P O Box 2044 Wilmington, DE 19899-2044	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3.00	\$3.00
	Date or dates debt was incurred 2016	Basis for the claim: state taxes		
	Last 4 digits of account number 9450 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Cellcon Group Inc		Case number (if known)		
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p>2.3 Priority creditor's name and mailing address</p> <p>Kentucky Dept of Revenue</p> <p>Frankfort, KY 40619-0006</p> </div> <div style="width: 40%;"> <p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> </div> <div style="width: 25%; text-align: right;"> <p>\$175.00</p> <p>\$175.00</p> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p>Date or dates debt was incurred</p> <p>2016</p> </div> <div style="width: 40%;"> <p>Basis for the claim:</p> <p>taxes - business</p> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p>Last 4 digits of account number 9450</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p> </div> <div style="width: 40%;"> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p>2.4 Priority creditor's name and mailing address</p> <p>New Jersey Div of Taxation</p> <p>P O Box 644</p> <p>Trenton, NJ 08646-0644</p> </div> <div style="width: 40%;"> <p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> </div> <div style="width: 25%; text-align: right;"> <p>\$585.00</p> <p>\$0.00</p> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p>Date or dates debt was incurred</p> <p>2016</p> </div> <div style="width: 40%;"> <p>Basis for the claim:</p> <p>taxes - business</p> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p>Last 4 digits of account number 9450</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p> </div> <div style="width: 40%;"> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p>2.5 Priority creditor's name and mailing address</p> <p>West VA State Tax Dept</p> <p>Tax acct admin Division</p> <p>P O Box 3839</p> <p>Charleston, WV 25338-3839</p> </div> <div style="width: 40%;"> <p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> </div> <div style="width: 25%; text-align: right;"> <p>\$1.00</p> <p>\$1.00</p> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p>Date or dates debt was incurred</p> <p>2016</p> </div> <div style="width: 40%;"> <p>Basis for the claim:</p> <p>taxes - business</p> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p>Last 4 digits of account number 9450</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p> </div> <div style="width: 40%;"> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> </div> </div>					

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim
3.1	<p>Nonpriority creditor's name and mailing address</p> <p>AFS Incorporated</p> <p>P O Box 708</p> <p>Ashland, VA 23005</p> <p>Date(s) debt was incurred <u> </u></p> <p>Last 4 digits of account number BUDGET LAWN</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: business debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$162.48</p>
3.2	<p>Nonpriority creditor's name and mailing address</p> <p>American Tower Corp</p> <p>10 Presidential way</p> <p>Woburn, MA 01801</p> <p>Date(s) debt was incurred <u> </u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: business debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$173,857.64</p>

Debtor	Cellcon Group Inc Name	Case number (if known)
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3.3	Nonpriority creditor's name and mailing address Bank of America (p) Loss Revoverly P.O. Box 982238 El Paso, TX 79998-2238 Date(s) debt was incurred _____ Last 4 digits of account number <u>9927</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Check account charges</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,863.49
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3.4	Nonpriority creditor's name and mailing address CWC Chemical 214 Simmons Dr Cloverdale, VA 24077 Date(s) debt was incurred _____ Last 4 digits of account number <u>2401</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,503.81
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3.5	Nonpriority creditor's name and mailing address EZ Box Storage 3420 Pump Road Suite 215 Henrico, VA 23233 Date(s) debt was incurred <u>2017</u> Last 4 digits of account number <u>CellCpon Group</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.6	Nonpriority creditor's name and mailing address Federal Express US Collections Dept P O Box 371461 Pittsburgh, PA 15250-7461 Date(s) debt was incurred <u>2017</u> Last 4 digits of account number <u>3695</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$271.21
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3.7	Nonpriority creditor's name and mailing address Fleetmatics 1100 Winter Street Waltham, MA 02451 Date(s) debt was incurred _____ Last 4 digits of account number <u>4036</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$588.00
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3.8	Nonpriority creditor's name and mailing address Glen Ridge Properties 8401 Patterson Ave #105 Henrico, VA 23229 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt - commercial office lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.9	Nonpriority creditor's name and mailing address Home Depot Credit Services (p) P.O. Box 790328 Saint Louis, MO 63179-0328 Date(s) debt was incurred _____ Last 4 digits of account number <u>4622</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,141.39
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Debtor	Name	Case number (if known)
3.10	Nonpriority creditor's name and mailing address Liberty Mutual Insurance 9450 Seward Road Fairfield, OH 45014-5456 Date(s) debt was incurred <u>2017</u> Last 4 digits of account number <u>5430</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,233.40 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.11	Nonpriority creditor's name and mailing address M Services c/o Joe Prall 6720 Lehman Road Canal Winchester, OH 43110 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$9,625.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt - sub contractor in OH</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.12	Nonpriority creditor's name and mailing address Ohio Bureau of Workers Comp P O Box 89492 Cleveland, OH 44101-6492 Date(s) debt was incurred <u>2017</u> Last 4 digits of account number <u>7576</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$767.40 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.13	Nonpriority creditor's name and mailing address Snap Advances 1182 W 2400 S Suite A Salt Lake City, UT 84119 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u>0759</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$98,500.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.14	Nonpriority creditor's name and mailing address Sprayer Depot 7800 N Orange Blossom Tr Orlando, FL 32810 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u>6193</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$8,522.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.15	Nonpriority creditor's name and mailing address Tyson Fence 7921 Grayson Road Harrisburg, PA 17111 Date(s) debt was incurred <u>2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,181.84 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.16	Nonpriority creditor's name and mailing address United Rental 6125 Lakeview Road Suite 300 Charlotte, NC 28269 Date(s) debt was incurred <u>2017</u> Last 4 digits of account number <u>6484</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$517.77 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Cellcon Group Inc <small>Name</small>		Case number (if known)
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3.17	Nonpriority creditor's name and mailing address Verizon Virginia (e) 500 Technology Dr. Suite 300 Saint Charles, MO 63304-2225 Date(s) debt was incurred <u>2017</u> Last 4 digits of account number <u>2598</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$289.33
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3.18	Nonpriority creditor's name and mailing address Verizon Wireless (p) Bankruptcy Administration 500 Technology Drive Suite 550 St Charles, MO 63304-2225 Date(s) debt was incurred <u>2017</u> Last 4 digits of account number <u>0001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,162.07
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3.19	Nonpriority creditor's name and mailing address Verizon Wireless - Networks Fleet Bankruptcy Administration 500 Technology Drive Suite 550 St Charles, MO 63304-2225 Date(s) debt was incurred <u>2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt - monthly fees for GPS truck</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.20	Nonpriority creditor's name and mailing address Wells Fargo Bank , N.A. P O Box 5058 Portland, OR 97208 Date(s) debt was incurred <u>2017</u> Last 4 digits of account number <u>8405</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt - overdrawn deposit account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,923.46
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3.21	Nonpriority creditor's name and mailing address WEX Inc P O Box 639 Portland, ME 04140 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u>6931</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23,396.43
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Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Parr Brown Gee & Loveless 101 South 200 East Suite 700 Salt Lake City, UT 84111	Line <u>3.13</u> <input type="checkbox"/> Not listed. Explain <u> </u>	<u> </u>
4.2	Third Judicial District Court Matheson Courthouse 450 South State Street P O Box 1860 Salt Lake City, UT 84114-1860	Line <u>3.13</u> <input type="checkbox"/> Not listed. Explain <u> </u>	<u> </u>

Debtor	Cellcon Group Inc	Case number (if known)	
	<small>Name</small>		
Name and mailing address		On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ 777.00
5b. +	\$ 374,506.72
5c.	\$ 375,283.72

Fill in this information to identify the case:

Debtor name **Cellcon Group Inc**

United States Bankruptcy Court for the: **EASTERN DISTRICT OF VIRGINIA**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest **truck parking area rental for \$500/month**

State the term remaining **9-30-17**

List the contract number of any government contract _____

Andy Dukes

2.2. State what the contract or lease is for and the nature of the debtor's interest **storage for business equipment and supplies**

State the term remaining **9/30/2017**

List the contract number of any government contract _____

**EZ Box Self Storage
3420 Pump Road
Suite 215
Henrico, VA 23233**

2.3. State what the contract or lease is for and the nature of the debtor's interest **Lease of GPS units carried in trucks at \$588/month**

State the term remaining **12-1-2017**

List the contract number of any government contract _____

**Fleetmatics
1100 Winter Street
Waltham, MA 02451**

2.4. State what the contract or lease is for and the nature of the debtor's interest **commercial office lease for \$808.90/month**

State the term remaining **past-due**

List the contract number of any government contract _____

**Glen Ridge Properties
8401 Patterson Ave
#105
Henrico, VA 23229**

Debtor 1 **Cellcon Group Inc**

Case number (if known)

First Name

Middle Name

Last Name

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.5. State what the contract or lease is for and the nature of the debtor's interest **lease of GPS units in truck at \$334.05/month**

State the term remaining **4-1-2020**

List the contract number of any government contract

**Verizon Wireless Network Fleets
Bankruptcy Administration
500 Technology Drive
Suite 550
St Charles, MO 63304-2225**

Fill in this information to identify the case:

Debtor name Cellcon Group Inc

United States Bankruptcy Court for the: EASTERN DISTRICT OF VIRGINIA

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206H
Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name

Mailing Address

Name

Check all schedules that apply:

2.1 Kevin Meier

P O Box 3643
Salisbury, MD 21802
80% member/owner of LLC

CWC Chemical

☐ D _____
☒ E/F 3.4
☐ G _____

2.2 Steven Meier

20% owner, Son of Kevin Meier

Home Depot Credit
Services (p)

☐ D _____
☒ E/F 3.9
☐ G _____

Fill in this information to identify your case:

Debtor 1 CellCon Group Inc

Debtor 2
(Spouse, if filing) _____

United States Bankruptcy Court for the: EASTERN DISTRICT OF VIRGINIA

Case number
(If known) _____

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Occupation

Employer's name

Employer's address

How long employed there?

Debtor 1

- ☒ Employed
- ☐ Not employed

Debtor 2 or non-filing spouse

- ☐ Employed
- ☐ Not employed

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	\$ 0.00	\$ N/A
3. Estimate and list monthly overtime pay.	+\$ 0.00	+\$ N/A
4. Calculate gross income. Add line 2 + line 3.	\$ 0.00	\$ N/A

Debtor 1 **CellCon Group Inc**
(if known)

Case number

		For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	4.	\$ 0.00	\$ N/A
5. List all payroll deductions:			
5a. Tax, Medicare, and Social Security deductions	5a.	\$ 0.00	\$ N/A
5b. Mandatory contributions for retirement plans	5b.	\$ 0.00	\$ N/A
5c. Voluntary contributions for retirement plans	5c.	\$ 0.00	\$ N/A
5d. Required repayments of retirement fund loans	5d.	\$ 0.00	\$ N/A
5e. Insurance	5e.	\$ 0.00	\$ N/A
5f. Domestic support obligations	5f.	\$ 0.00	\$ N/A
5g. Union dues	5g.	\$ 0.00	\$ N/A
5h. Other deductions. Specify:	5h.+	\$ 0.00	\$ N/A
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$ 0.00	\$ N/A
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$ 0.00	\$ N/A
8. List all other income regularly received:			
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$ 0.00	\$ N/A
8b. Interest and dividends	8b.	\$ 0.00	\$ N/A
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$ 0.00	\$ N/A
8d. Unemployment compensation	8d.	\$ 0.00	\$ N/A
8e. Social Security	8e.	\$ 0.00	\$ N/A
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$ 0.00	\$ N/A
8g. Pension or retirement income	8g.	\$ 0.00	\$ N/A
8h. Other monthly income. Specify:	8h.+	\$ 0.00	\$ N/A
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$ 0.00	\$ N/A
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$ 0.00	\$ N/A
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:	11.	+\$ 0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities and Related Data</i> , if it applies	12.	\$ 0.00 Combined monthly income	
13. Do you expect an increase or decrease within the year after you file this form?			
<input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain:			

Fill in this information to identify your case:

Debtor 1 CellCon Group Inc

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: EASTERN DISTRICT OF VIRGINIA

Case number _____
(If known)

Check if this is:
☐ An amended filing
☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

☒ No. Go to line 2.

☐ Yes. Does Debtor 2 live in a separate household?

☐ No

☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household* of Debtor 2.

2. Do you have dependents? ☒ No

Do not list Debtor 1 and Debtor 2.

☐ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Do not state the dependents names.

☐ No

☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No
☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 0.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 0.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1 **CellCon Group Inc**

Case number (if known)

6. Utilities:		
6a. Electricity, heat, natural gas	6a. \$	0.00
6b. Water, sewer, garbage collection	6b. \$	0.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	0.00
6d. Other. Specify: _____	6d. \$	0.00
7. Food and housekeeping supplies		7. \$ 0.00
8. Childcare and children's education costs		8. \$ 0.00
9. Clothing, laundry, and dry cleaning		9. \$ 0.00
10. Personal care products and services		10. \$ 0.00
11. Medical and dental expenses		11. \$ 0.00
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.		12. \$ 0.00
13. Entertainment, clubs, recreation, newspapers, magazines, and books		13. \$ 0.00
14. Charitable contributions and religious donations		14. \$ 0.00
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$	0.00
15b. Health insurance	15b. \$	0.00
15c. Vehicle insurance	15c. \$	0.00
15d. Other insurance. Specify: _____	15d. \$	0.00
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____		16. \$ 0.00
17. Installment or lease payments:		
17a. Car payments for Vehicle 1	17a. \$	0.00
17b. Car payments for Vehicle 2	17b. \$	0.00
17c. Other. Specify: _____	17c. \$	0.00
17d. Other. Specify: _____	17d. \$	0.00
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).		18. \$ 0.00
19. Other payments you make to support others who do not live with you. Specify: _____		\$ 0.00
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
20a. Mortgages on other property	20a. \$	0.00
20b. Real estate taxes	20b. \$	0.00
20c. Property, homeowner's, or renter's insurance	20c. \$	0.00
20d. Maintenance, repair, and upkeep expenses	20d. \$	0.00
20e. Homeowner's association or condominium dues	20e. \$	0.00
21. Other: Specify: _____		21. +\$ 0.00
22. Calculate your monthly expenses		
22a. Add lines 4 through 21.		\$ 0.00
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$
22c. Add line 22a and 22b. The result is your monthly expenses.		\$ 0.00
23. Calculate your monthly net income.		
23a. Copy line 12 (<i>your combined monthly income</i>) from Schedule I.		23a. \$ 0.00
23b. Copy your monthly expenses from line 22c above.		23b. -\$ 0.00
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .		23c. \$ 0.00
24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain here: _____		

Fill in this information to identify the case:

Debtor name Cellcon Group Inc

United States Bankruptcy Court for the: EASTERN DISTRICT OF VIRGINIA

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

☐ None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

For prior year:
From 1/01/2016 to 12/31/2016

Sources of revenue
Check all that apply

☒ Operating a business

☐ Other _____

Gross revenue
(before deductions and exclusions)

\$1,559,792.00

For year before that:
From 1/01/2015 to 12/31/2015

☒ Operating a business

☐ Other _____

\$1,389,194.00

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☐ None.

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:
From 1/01/2017 to Filing Date

sales of trailers???? \$0.00

From the beginning of the fiscal year to filing date:
From 1/01/2017 to Filing Date

sale of anything \$1.00

For prior year:
From 1/01/2016 to 12/31/2016

sale of anything \$1.00

For year before that:
From 1/01/2015 to 12/31/2015

sale of anything \$1.00

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

Debtor **Cellcon Group Inc**

Case number (if known) _____

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer Check all that apply
3.1. Wells Fargo Home Mortgage (p) P O Box 10335 Des Moines, IA 50306	October 30, 2017	\$122,000.00	<input checked="" type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.1. Ford Motor Credit - Bankruptc P O Box 6275 Dearborn, MI 48121 vendor	multiple	\$0.00	multiple vehicle loans

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☐ None

Creditor's name and address	Describe of the Property	Date	Value of property
CWC Chemical 214 Simmons Dr Cloverdale, VA 24077	unused chemicals were returned for credit on outstanding invoices	June/July 2017	\$23,000.00

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

Debtor **Cellcon Group Inc**

Case number (if known) _____

☐ None.

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1.	SNAP ADvances LLC v CellCon Group and KEvin Bradley Meier Civial case 170905078	Contract	Third Judicial District Court Matheson Courthouse 450 South State Street P O Box 1860 Salt Lake City, UT 84114-1860	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None**Part 4: Certain Gifts and Charitable Contributions****9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**☐ None

	Recipient's name and address	Description of the gifts or contributions	Dates given	Value
9.1.	employee bonuses? need list and amount who got more than \$1,000 each			\$0.00
	Recipients relationship to debtor			

Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
	If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).		

Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
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Debtor **Cellcon Group Inc**

Case number (if known)

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1.	Hovenden & Roush P O Box 1839 Chesterfield, VA 23832	\$5,000 in total fees and costs: \$335 filing fee and \$4665.00 in legal fees	prior to filing	\$5,000.00

Email or website address

Who made the payment, if not debtor?

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☐ None.

	Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.1	third party purchaser	HEAVY DUTY TRAILER - BOUGHT IN 2016 and was sold for \$2500 - deposited in the BOA account	2017	\$2,500.00

Relationship to debtor
NONE**Part 7: Previous Locations****14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

	Address	Dates of occupancy From-To
14.1.	kevins prior address	

Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☒ No. Go to Part 9.

☐ Yes. Fill in the information below.

Debtor **Cellcon Group Inc**

Facility name and address

Nature of the business operation, including type of services the debtor provides

If debtor provides meals and housing, number of patients in debtor's care

Part 9: Personally Identifiable Information**16. Does the debtor collect and retain personally identifiable information of customers?**

- ☒ No.
- ☐ Yes. State the nature of the information collected and retained.

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☒ No. Go to Part 10.
- ☐ Yes. Does the debtor serve as plan administrator?

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ None

	Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1.	Wells Fargo Bank , N.A. P O Box 6995 Portland, OR 97228	XXXX-8405	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other__	May 2017	\$0.00
18.2.	Wells Fargo Bank , N.A. P O Box 5058 MAC P6053-021 Portland, OR 97208	XXXX-1846	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other__	May 2017	\$0.00
18.3.	Wells Fargo Bank , N.A. P O Box 5058 MAC P6053-021 Portland, OR 97208	XXXX-0321	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other__	May 2017	\$0.00
18.4.	Wells Fargo Bank , N.A. P O Box 5058 MAC P6053-021 Portland, OR 97208	XXXX-0295	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other__	May 2017	\$0.00

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

Debtor **Cellcon Group Inc**

Case number (if known) _____

☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
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20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
Rockville Parking	Kevin B Meier and Stephen Meier	Ford trucks used in the business	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No.
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
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23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No.
☐ Yes. Provide details below.

Debtor **Cellcon Group Inc**

Site name and address

Governmental unit name and
address

Environmental law, if known

Date of notice

Part 13: Details About the Debtor's Business or Connections to Any Business**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☒ None

Business name address

Describe the nature of the business

Employer Identification number

Do not include Social Security number or ITIN.

Dates business existed

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address

Date of service
From-To

26a.1. **William R. Harland, Jr.**
William B. May Jr., CPA
3761 Westerre Parkway
Suite F
Henrico, VA 23233-1331

many years up
through 2017

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☒ None

Name and address

If any books of account and records are
unavailable, explain why

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None

Name and address

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.
Name of the person who supervised the taking of the
inventory

Date of inventory

The dollar amount and basis (cost, market,
or other basis) of each inventory**28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.**

Name

Address

Position and nature of any
interest% of interest, if
any**Kevin Bradley Meier****P O Box 3643**
Salisbury, MD 21802**currently - vice president****80%**

Debtor **Cellcon Group Inc**

Case number (if known) _____

Name	Address	Position and nature of any interest	% of interest, if any
Stephen Meier	10612 Cliffmore Drive Glen Allen, VA 23060	President	20%

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☐ No
☒ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
Kevin Bradley Meier	P O Box 3643 Salisbury, MD 21802	President	100%

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☐ No
☒ Yes. Identify below.

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1	Kevin Bradley Meier P O Box 3643 Salisbury, MD 21802	2016 wages \$70,625; distributions of \$9,720	2016	see above
	Relationship to debtor president			
30.2	Stephen Meier 10612 Cliffmore Drive Glen Allen, VA 23060	2016 salary \$68,900, plus distributions of \$2,430	2016	2016 salary \$68,900, plus distributions of \$2,430
	Relationship to debtor president and 20% owner			
30.3	Kevin Bradley Meier	wages ??/	2017	
	Relationship to debtor vice ppreident			
30.4	Stephen Meier 10612 Cliffmore Drive Glen Allen, VA 23060	salary paid	2017	
	Relationship to debtor President			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

Debtor Cellcon Group Inc

Case number (if known) _____

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation**Employer Identification number of the parent corporation**

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation**Employer Identification number of the parent corporation**

Debtor Cellcon Group Inc

Case number (if known) _____

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on September 21, 2017

/s/ Kevin Bradley Meier

Signature of individual signing on behalf of the debtor

Kevin Bradley Meier

Printed name

Position or relationship to debtor member

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☒ No

☐ Yes

Document Page 45 of 51
United States Bankruptcy Court
Eastern District of Virginia

In re Cellcon Group Inc

Debtor(s)

Case No.

Chapter

7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	<u>4,665.00</u>
Prior to the filing of this statement I have received	\$	<u>4,665.00</u>
Balance Due	\$	<u>0.00</u>

2. \$ **335.00** of the filing fee has been paid.

3. The source of the compensation paid to me was:

☒ Debtor ☐ Other (*specify*)

4. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (*specify*)

5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
 - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
 - d. Other provisions as needed:

7. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

September 21, 2017*Date*/s/ Jeanne E. Hovenden, Esq. VSB #Jeanne E. Hovenden, Esq. VSB # 37249*Signature of Attorney*Jeanne E. Hovenden, PLLC*Name of Law Firm***9830 Lori Road****P.O. Box 1839****Chesterfield, VA 23832**

For use in Chapter 13 Cases where Fees Requested Not in Excess of \$5,100

(For all Cases Filed on or after 01/01/2016)

**NOTICE TO DEBTOR(S), STANDING CHAPTER 13 TRUSTEE AND UNITED
STATES TRUSTEE
PURSUANT TO LOCAL BANKRUPTCY RULE 2016-1(C) AND
CLERK'S CM/ECF POLICY 9**

Notice is hereby given that pursuant to Local Bankruptcy Rule 2016-1(C), you must file an objection with the court to the fees requested in this disclosure of compensation opposing said fees in their entirety, or in a specific amount, no later than the last day for filing objections to confirmation of the chapter 13 plan.

PROOF OF SERVICE

The undersigned hereby certifies that on this date the foregoing Notice was served upon the debtor(s), the standing Chapter 13 trustee, and U. S. trustee pursuant to Local Bankruptcy Rule 2016-1(C) and the Clerk's CM/ECF Policy 9, either electronically or in paper form (first class mail).

DateSignature of Attorney

AFS Incorporated
P O Box 708
Ashland, VA 23005

American Tower Corp
10 Presidential way
Woburn, MA 01801

Andy Dukes

Bank of America (p)
Loss Revoverly
P.O. Box 982238
El Paso, TX 79998-2238

Comptroller of MD
Revenue Admin Div
P O Box 2601
Annapolis, MD 21404-2601

CWC Chemical
214 Simmons Dr
Cloverdale, VA 24077

Delaware Division of Revenue
P O Box 2044
Wilmington, DE 19899-2044

EZ Box Self Storage
3420 Pump Road
Suite 215
Henrico, VA 23233

EZ Box Storage
3420 Pump Road
Suite 215
Henrico, VA 23233

Federal Express
US Collections Dept
P O Box 371461
Pittsburgh, PA 15250-7461

Fleetmatics
1100 Winter Street
Waltham, MA 02451

Ford Motor Credit - Bankruptc
P O Box 6275
Dearborn, MI 48121

Glen Ridge Properties
8401 Patterson Ave
#105
Henrico, VA 23229

Home Depot Credit Services (p)
P.O. Box 790328
Saint Louis, MO 63179-0328

Kentucky Dept of Revenue
Frankfort, KY 40619-0006

Kevin Meier
P O Box 3643
Salisbury, MD 21802

Liberty Mutual Insurance
9450 Seward Road
Fairfield, OH 45014-5456

M Services
c/o Joe Prall
6720 Lehman Road
Canal Winchester, OH 43110

New Jersey Div of Taxation
P O Box 644
Trenton, NJ 08646-0644

Ohio Bureau of Workers Comp
P O Box 89492
Cleveland, OH 44101-6492

Parr Brown Gee & Loveless
101 South 200 East
Suite 700
Salt Lake City, UT 84111

Snap Advances
1182 W 2400 S
Suite A
Salt Lake City, UT 84119

Sprayer Depot
7800 N Orange Blossom Tr
Orlando, FL 32810

Steven Meier

Terrex Financial Services
200 Nyala Farm Road
Westport, CT 06880

Third Judicial District Court
Matheson Courthouse
450 South State Street
P O Box 1860
Salt Lake City, UT 84114-1860

Tyson Fence
7921 Grayson Road
Harrisburg, PA 17111

United Rental
6125 Lakeview Road
Suite 300
Charlotte, NC 28269

Verizon Virginia (e)
500 Technology Dr.
Suite 300
Saint Charles, MO 63304-2225

Verizon Wireless (p)
Bankruptcy Administration
500 Technology Drive
Suite 550
St Charles, MO 63304-2225

Verizon Wireless - Networks Fleet
Bankruptcy Administration
500 Technology Drive
Suite 550
St Charles, MO 63304-2225

Verizon Wireless Network Fleets
Bankruptcy Administration
500 Technology Drive
Suite 550
St Charles, MO 63304-2225

Verizon Wireless NetworkFleet (p)
Bankruptcy Administration
500 Technology Drive
Suite 550
St Charles, MO 63304-2225

Wells Fargo Bank , N.A.
P O Box 5058
Portland, OR 97208

West VA State Tax Dept
Tax acct admin Division
P O Box 3839
Charleston, WV 25338-3839

WEX Inc
P O Box 639
Portland, ME 04140

**United States Bankruptcy Court
Eastern District of Virginia**

In re **Cellcon Group Inc**

Debtor(s)

Case No.

Chapter

7

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **Cellcon Group Inc** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [*Check if applicable*]

September 21, 2017

Date

/s/ Jeanne E. Hovenden, Esq. VSB #

Jeanne E. Hovenden, Esq. VSB # 37249

Signature of Attorney or Litigant

Counsel for **Cellcon Group Inc**

Jeanne E. Hovenden, PLLC

9830 Lori Road

P.O. Box 1839

Chesterfield, VA 23832